

Reporting Jurisdiction: _____

One Bay Area Grant (OBAG) Checklist for Local Compliance with MTC Resolution No. 4035

Re: Federal Cycle 2 Program Covering FY 2012-13 through FY 2015-16

The intent of this checklist is to delineate the requirements included in the OBAG Grant Program related to the PDA Investment and Growth Strategy (Appendix A-6), the Performance and Accountability Policies and OBAG Call for Projects Guidance (Appendix A-5). This checklist must be completed by Local Jurisdictions and submitted to the CMA to certify compliance with the OBAG requirements listed in MTC Resolution No. 4035.

This checklist serves as an instrument for assessing local compliance with OBAG requirements as set forth in Resolution 4035, adopted by MTC on May 17, 2012.

1. Compliance with the Complete Streets Act of 2008

- a. Has the local jurisdiction either: ☐ Yes ☐ No ☐ N/A
1. Adopted a complete streets policy resolution no later than January 31, 2013, or
 2. Adopted a General Plan Circulation Element that is compliant with the Complete Streets Act of 2008?
- b. Has the jurisdiction submitted a Complete Streets Checklist for any project for which the jurisdiction has applied for OBAG funding? ☐ Yes ☐ No ☐ N/A

2. Housing Element Certification

- a. Has the local jurisdiction's fourth-revision housing element been certified by the California Department of Housing and Community Development (HCD) for 2007–14 RHNA prior to January 31, 2013? ☐ Yes ☐ No ☐ N/A

- b. If the answer to 2.a is “no”, will the local jurisdiction submit to ☐ Yes ☐ No ☐ N/A
ABAG/MTC by November 1, 2012, a request for an extension of
the deadline for a certified housing element to January 31,
2014? *Note: OBAG funds cannot be programmed into the TIP
until the housing element certification is complete, and if not
achieved, reserved OBAG funds can be moved by a CMA to
another project that meets OBAG policies and regional delivery
deadlines.*

*In the 5th Cycle RHNA (2014-2022), jurisdictions will be required to
adopt housing elements by October 31, 2014.*

3. Completion of Checklist

- a. Has the Jurisdiction completed all sections of this checklist? ☐ Yes ☐ No ☐ N/A

1. If the jurisdiction has checked “No” or N/A to any of the
above questions, please provide an explanation below
as to why the requirement was not met or is considered
“Not Applicable.”

Review and Approval of Checklist

This checklist was prepared by:

Signature

Date

Name & Title (print)

Phone

Email

This checklist was approved for submission to _____ (CMA) by:

Signature

Date

City Manager/Administrator or Designee